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APPLICANTS

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** CONTINUING DATA *****

NONE OA.

** FOREIGN APPLICATIONS *****

NONE OA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Allowance Examiner's Signature: <i>Olisa Anwarh</i> Initials: <i>O.A.</i>	GA	6	41	7

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TITLE

INTEGRATED TONE-BASED AND VOICE-BASED TELEPHONE USER INTERFACE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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